

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

18907

FILED APR 28 1944

State File No. ....

Registration District No. 227

Primary Registration District No. 3949

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Pike  
(b) City or town Rural Quire sup  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

3. (a) PRINT FULL NAME George Anderson Ogden

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race w 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Eliza Ogden 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased June 26 1961  
(Month) (Day) (Year)

8. AGE: Years 82 Months 9 Days 14 If less than one day hr. min.

9. Birthplace Louisiana (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Concrete Contractor

11. Industry or business

12. Name George Wm Ogden

13. Birthplace Ky. (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Smith

15. Birthplace Ky. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ed Stalord

(b) Address New Hartford Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 12 1944  
(Month) (Day) (Year)

(c) Place: burial or cremation Bowling Green Mo.

18. (a) Signature of funeral director Grace Randolph

(b) Address Bowling Green Mo.

19. (a) 4-24-44 (Date received local registrar) (b) Mrs. Frank Lloyd (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pike  
(c) City or town Bowling Green Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.R. East  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 10 year 1944 hour 1 minute 30 M.

21. I hereby certify that I attended the deceased from March 25 1943 to 4/10 1944  
that I last saw him alive on 4/10 and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris  
Endocarditis

Due to Endocarditis

Due to 92d

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)

While at work? (Specify type of place)

23. Signature J. M. Mathews (M. D. or other)

Address Bowling Green Mo. Date signed 4/19/44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 12 1944

RECEIVED

District Health Officer No. 10

District File Number 4-44-846

Date Filed APR 26 1944

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Grace Bankhead*

Licensed Embalmer No. 2204

P. O. Address Bowling Green, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.